

MURRAY CITY WORK RELATED INJURY REPORTING PROCEDURES

In case of an occupational injury/illness, please follow these 8 steps:

1. If life-threatening, call **9-911!** (If trained, render first aid until help arrives)
2. If non-life threatening, but serious enough to require medical attention beyond first aid:
 - If trained, render first aid
 - Immediately notify your supervisor, Dept. Safety Representative AND **Glen Sidwell** x2658 or cell# 205-9910
 - Arrange transportation for the injured employee to **Work Med**

**Note: Medical attention is NOT required for “first aid only” injuries*

Work Med
201 E 5900 S #100
Murray, UT 84107
Hours: 8:00 AM to 5:00 PM M-F
Phone: (801) 288-4900

*Graveyard shift use Intermountain
Medical Center if injury cannot
wait until 8:00 AM to be treated

If after hours, use **IHC InstaCare Facilities**

Taylorsville InstaCare
3845 W 4700 S
Salt Lake City, UT 84118
Hours: 5 PM - 10 PM M-S
Phone: (801) 840-2020

Sandy InstaCare
9493 S 700 E
Sandy, UT 84070
Hours: 5 PM - 9 PM M-S
Phone: (801) 576-0176

West Jordan InstaCare
2655 W 9000 S
West Jordan, UT 84088
Hours: 5 PM - 10 PM M-S
Phone: (801) 256-6399

*Note: If injury occurs after hours, on holidays, or on the weekend, **INSTACARE** facilities may be used*

Encourage employees to use Emergency Rooms in life-threatening situations only.

3. Provide the medical services provider with our worker’s compensation insurance information:

Worker’s Compensation Fund of Utah
392 E 6400 S
Salt Lake City, UT 84157
Phone: (801) 288-8010

Murray City Corporation Policy Number: **1638288**

4. As a supervisor, fill out the form entitled “Supervisor’s Report of Injury or Illness” within **72 hrs** of the incident and forward to **Glen Sidwell** (Manager of Safety/Health). This form is on the S: Drive under Safety Reports
**Note: Documentation is Mandatory for All incidents.*

5. Fill out the form entitled **“Worker’s Compensation Employer’s First Report of Injury or Illness”** within 72 hrs of the incident and also forward to Glen Sidwell.
*This form can be found on the S: Drive under Safety Reports
6. Give copies of all doctors’ notes, restrictions, and releases to Full Duty documents to your supervisor AND Glen Sidwell.
7. Arrange for Transitional Duty assignment if the medical provider assigns restrictions to the injured employee.
8. **Correct the Hazard and/or unsafe behavior that injured the employee IMMEDIATELY!**

**FOR POST ACCIDENT DRUG SCREENS ON WEEKENDS, HOLIDAYS, OR AFTER HOURS, CALL 249-4604 TO MAKE ARRANGEMENTS FOR THE COLLECTION*